

PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

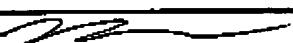
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/666,579
		Filing Date	September 17, 2003
		First Named Inventor	Henry Kahle
		Art Unit	3732
		Examiner Name	Doe, Grace S.C.
Total Number of Pages in This Submission	4	Attorney Docket Number	A-2845-AL

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<input type="checkbox"/> Remarks RESPONSE TO RESTRICTION REQUIREMENT			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Patrick Y. Ikehara
Signature	
Date	12-8-05

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	BARBARA JOHNSON		
Signature		Date	12-8-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Dec. 8. 2005 8:44AM Applied Medical 1-949-713-8206

RECEIVED
CENTRAL FAX CENTER
No. 0656 P. 1

DEC 08 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/666,579
Applicant: Kahle et al.
Filed: September 17, 2003
T.C./A.U.: 3732
Examiner: Doe, Grace S.C.
Docket No.: A-2845-AL
Customer No.: 21378

Confirmation No.: 9166

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being
facsimile transmitted to the U.S. Patent and Trademark
Office (Fax No. (571) 273-8300 on
December 8, 2005.

Barbara Johnson
(Type or print name) 
(Signature)

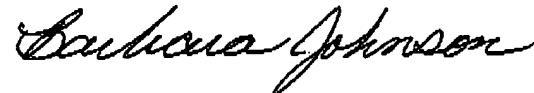
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Attached please find the following documents submitted for filing in reference to
the above-referenced application:

1. Response to Restriction Requirement; and
2. Transmittal;

Respectfully submitted,



Barbara Johnson
Applied Medical Resources

CUSTOMER NO.: 21378

Dec. 8. 2005 8:45AM Applied Medical 1-949-713-8206

RECEIVED
CENTRAL FAX CENTER P. 2

DEC 08 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:	10/666,579) Confirmation No.: 9166
Applicant:	Kahle et al.)
Filed:	September 17, 2003)
T.C./A.U.:	3732)
Examiner:	Doe, Grace S.C.)
Docket No.:	A-2845-AL)
Customer No.:	21378)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

This is in response to an Office Action mailed November 10, 2005.

The Election/Remarks begin on page two of this paper.